



WRITTEN STATEMENT OF UNAUTHORIZED DEBIT (ACH)

Member Services: 800.222.1391 • www.thepolicecu.org

ACCOUNT TRANSACTION INFORMATION	
Full Name	
Account Number	
<input type="radio"/> Transaction Amount: \$	<input type="radio"/> Any Amount: \$
Date Debit posted to Account	Merchant Debiting Account

I (the undersigned) hereby attest that (i) I have examined the above electronic (ACH) debit to my account, (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the party listed above to debit my account in writing, or by similarly-authenticated means (for WEB, TEL, and POP) to originate one or more ACH entries to debit funds from The Police Credit Union account.
- I revoked the recurring payment authorization I had given to the party to debit my account before the debit was initiated.
I wish to stop any future debits connected with this revoked authorization.
- My account was debited before the date I authorized.
- My account was debited for an amount different from what I authorized; the correct amount should be \$ _____.
- My check was improperly processed electronically.
- Incomplete Transaction: My account was debited, but the payment was never received by the intended recipient.
- Other (must specify): _____

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct. I certify under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Accepting Operator Name and Number: _____